

Please type a plus sign (+) inside this box →

PTO/SB/16 (2-98)

Approved for use through 01/31/2001. OMB 0651-0037

Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

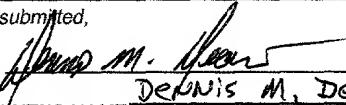
## PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

JC918 U.S. PTO  
09/661361  
09/14/00

INVENTOR(S)		
Given Name (first and middle [if any]) <b>DENNIS MICHAEL</b>	Family Name or Surname <b>DEARIE</b>	Residence (City and either State or Foreign Country) <b>GREENWELL SPRINGS, Louisiana</b>
<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto		
TITLE OF THE INVENTION (280 characters max) <b>Wireless Auto insurance Verification System</b>		
Direct all correspondence to: CORRESPONDENCE ADDRESS		
<input type="checkbox"/> Customer Number	<input type="text"/>	<input type="checkbox"/> Place Customer Number Bar Code Label here
OR <input type="checkbox"/> Firm or Individual Name		
Address		
Address		
City	State	ZIP
Country	Telephone	Fax
ENCLOSED APPLICATION PARTS (check all that apply)		
<input type="checkbox"/> Specification Number of Pages	<input type="text"/>	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Drawing(s) Number of Sheets	<input type="text"/>	<input type="checkbox"/> Other (specify) <input type="text"/>
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)		
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees	FILING FEE AMOUNT (\$)	
<input type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: <input type="text"/>	<input type="text"/>	
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____		

Respectfully submitted,

SIGNATURE 

TYPED or PRINTED NAME **DENNIS M. DEARIE**

TELEPHONE **225-262-6904**

Date

**9/14/00**

REGISTRATION NO.

(if appropriate)

Docket Number:

## USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C., 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C., 20231.